



ACH LETTER FOR AGENTS



AGENTS:

IN ORDER TO PROCESS ACH RENT PAYMENTS WE WILL NEED FOR YOU TO AGREE TO THE FOLLOWING.

- 1) THERE IS A SPECIAL DISBURSEMENT FORM FOR ACH RENT PAYMENTS. WE WILL AUTOMATICALLY WITHDRAW THE RENT FROM YOUR CLIENT'S ACCOUNT BUT YOU MUST USE THIS FORM OR NO CHECKS WILL BE CUT ON YOUR BEHALF.
- 2) THERE IS AN INCREASED FEE FOR ACH PAYMENT OF \$1. THIS MEANS THAT THE COST WILL BE \$14 OR 1% + \$1 (WHATEVER IS GREATER)
- 3) YOU ARE RESPONSIBLE FOR RELAYING YOUR TENANT INFORMATION TO US. PLEASE MAKE SURE THAT ANY CHANGES/CANCELLATIONS OCCUR AT LEAST 10 BUSINESS DAYS PRIOR TO THE 1ST SO THAT NO UNAUTHORIZED DEBITS OCCUR.
- 4) YOU WILL BE PERSONALLY RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF NOT PROPERLY SUBMITTING THE REQUIRED INFORMATION TO OUR OFFICE. WE HIGHLY RECOMMEND THAT YOU VERIFY WE HAVE RECEIVED YOUR PAPERWORK IN ORDER TO AVOID ANY ISSUES.
- 5) AS OF **SEPTEMBER 1, 2012** WE HAVE CHANGED POLICIES REGARDING HOW OUR PAYMENTS ARE DEDUCTED FROM YOUR CLIENTS ACCOUNT. WE WILL **AUTOMATICALLY** DEDUCT THE FUNDS FROM THE ACCOUNT OF YOUR CLIENT UNLESS **YOU NOTIFY US** TO CANCEL THIS PROCESS. IF YOU ARE CANCELLING PLEASE VERIFY WITH OUR OFFICE THAT WE HAVE RECEIVED THIS PAPERWORK SO NO FUNDS ARE TAKEN FROM THE ACCOUNT.

PROPERTY MANAGER NAME: _____

ADDRESS _____

CITY/STATE _____ ZIPCODE _____

HOME PHONE # _____ WORK PHONE _____

CELL# _____

By signing below I/We hereby agree to these terms.

SIGNATURE _____

DATE: _____

OFFICE USE ONLY

Date Received: _____

REV 6/12



AUTHORIZATION FOR AUTOMATIC PAYMENT



Monthly Rental Payments will be withdrawn from your bank checking or savings account automatically on the scheduled payment date, within (30) days following receipt of this authorization form. All payment will be drawn between the 1st and 5th of each month. If there are not sufficient funds in your account to complete the withdrawal, there will be a \$35 fee assessed to cover our bank charges **plus** any additional charges covered in your lease agreement.

ANY CHANGES TO THIS WITHDRAWAL MUST BE REQUESTED IN WRITING AT LEAST TEN (10) WORKING DAYS PRIOR TO THE SCHEDULED WITHDRAWAL DATE AND MUST BE MADE IN WRITING.

TENANT NAME: _____

WITHDRAWAL START DATE: _____

PROPERTY MANAGER NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIPCODE: _____

BEST CONTACT PHONE: _____ ALT PHONE: _____

BANK OR FINANCIAL INSTITUTION: _____

ADDRESS: _____

BRANCH: _____ PHONE: _____

BANK ROUTING #: _____

() CHECKING () SAVINGS ACCOUNT #: _____

WITHDRAWAL AMOUNT: _____

By signing below I/We hereby authorize WEST USA REALTY to automatically withdraw the funds stated above from said account that is also listed above

SIGNATURE: _____

DATE: _____

PLEASE ATTACH A VOIDED CHECK OR BANK VERIFICATION FORM WITH THIS APPLICATION.

****PLEASE NOTE THAT IF YOU DO NOT ATTACH A CHECK OR FAIL TO FILL OUT ANY INFORMATION THAT THIS FORM WILL BE RETURNED AND POSSIBLY NOT PROCESSED.****

OFFICE USE ONLY

Date Received: _____

Date Received: _____

****ACH DISBURSEMENT****

**ORIGINAL LEASE - TO CORPORATE WITH COPY OF PROPERTY MANAGEMENT AGREEMENT
SETUP SHEETS, W-9 FORMS TO THE PROPERTY MANAGEMENT DIVISION**

WEST USA PROPERTY MANAGEMENT DIVISION
16150 N ARROWHEAD FOUNTAIN CENTER DR #100
PEORIA, AZ 85382

TRUST ACCOUNT / PROPERTY MANAGEMENT DISBURSEMENT SHEET

DATE: _____ PROPERTY ADDRESS: _____

AGENT NAME: _____ BRANCH OFFICE: _____

OWNER: _____

TENANT: _____

INCOME:

RENTS COLLECTED \$ _____ FOR MONTH OF _____

REFUNDABLE DEPOSIT \$ _____ HELD BY _____

NON-REFUNDABLE DEPOSIT \$ _____ HELD BY _____

OTHER INCOME \$ _____ DESCRIPTION _____

RENTAL TAX \$ _____

TOTAL SUBMITTED \$ _____

HOLD TIME: CASHIERS CHECKS 4 BUSINESS DAYS, PERSONAL CHECKS 10 DAYS FROM FOLLOWING BUSINESS DAY AFTER RECEIVED BY PROPERTY MANAGEMENT.

DISBURSEMENTS:

DEPOSITS TO TRUST ACCT \$ _____ TO: _____

PROCESSING FEE \$ _____ 1% OF RENT OR \$14.00 FEE
WHICHEVER IS GREATER

COMMISSION \$ _____ AGENT: _____

COMMISSION \$ _____ AGENT: _____

MANAGEMENT FEE \$ _____ AGENT: _____

OWNER CAPITAL \$ _____ TO: _____

RENTAL TAX \$ _____ TO: _____

MISC. BILLS \$ _____ TO: _____

_____ \$ _____ TO: _____

_____ \$ _____ TO: _____

_____ \$ _____ TO: _____

TOTAL DISBURSED \$ _____

PLEASE REVIEW THIS ACCOUNTING. THE AGENT IS ULTIMATELY RESPONSIBLE FOR ANY OMISSIONS OR ERRORS. A COPY OF THE BREAKDOWN MUST ACCOMPANY EACH REQUEST FOR ACTIVITY ON THAT ACCOUNT. THE AGENT IS RESPONSIBLE TO MAINTAIN RECEIPTS FOR ALL REQUESTED BILLS, AND AGREE TO PROVIDE THEM TO THE PROPERTY MANAGEMENT DIVISION IF REQUESTED. ANY INCORRECT DISBURSEMENTS WHICH RESULT IN VOIDING AND RE-ISSUING CHECKS AND DISBURSEMENT STATEMENTS WILL HAVE A \$5.00 ADMINISTRATIVE FEE.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL PROPERTY MANAGEMENT, 602-942-1410 EXT. 2209 KELLY GJELHAUG

AGENT SIGNATURE: _____